

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FOLLOWING ADMINISTRATION

Kansas (02-15)
Approved: 08/14/02
Effective: 07/01/02 FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL HEALTHCARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: SPA #02-15	2. STATE: Kansas
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2002	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT a. FFY <u>2002</u> \$ <u>0</u> b. FFY <u>2003</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A Page 11		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement to Attachment 3.1-A Page 11	
10. SUBJECT OF AMENDMENT: Targeted Case Management			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Janet Schalansky is the Governor's <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Janet Schalansky / Candace A. Shively</i>		16. RETURN TO: Janet Schalansky, Secretary Social & Rehabilitation Services Docking State Office Building 915 SW Harrison, Room 651S Topeka, KS 66612-2210	
13. TYPED NAME: Janet Schalansky			
14. TITLE: Secretary			
15. DATE SUBMITTED: 05/30/02			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 05/31/02		18. DATE APPROVED: AUG 14 2002	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/02		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Carol Borys for</i>	
21. TYPED NAME: Thomas W. Lenz		22. TITLE: ARA for Medicaid & State Operations	
23. REMARKS: CC: Schalansky Day/Haverkamp CO/DSC-DIATA SPA CONTROL Date Submitted: 05/30/02 Date Received: 05/31/02			

Substitute per letter dated 08/07/02

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

Supplement to Attachment 3.1-A
Page 11
OMB: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory Kansas

A. Target Group:

Individuals who are Medicaid eligible, are age 65 or older, meet the Medicaid long-term care threshold as determined by a qualified assessor, and are not being served on the Home and Community Based Services Waiver for the Physically Disabled program.

B. Areas of State in which services will be provided.

X Entire State

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than statewide.

C. Comparability of Services

X Services are provided in accordance with section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(1)(B) of the Act.

D. Components of Targeted Case Management:

1. Service Coordination

Initiating contacts and/or conferences with the consumer, his or her legal representative if necessary, providers, and others as agreed to by the consumer to coordinate the implementation of the services on the plan of care.

Determining the continuum of services available from formal and informal providers that will effectively meet the individual's needs, within authorized costs, as identified in the plan of care.

Coordinating essential services with the consumer, formal and informal service providers, and other agencies to insure that the plan of care is implemented efficiently.

Only qualified individuals under E.1.a., E.1.b., E.1.c., or E.1.d. may provide this component.